## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  BLANK ROME LLP 600 New Hampshire Ave., NW Washington, DC 20037				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
						(Signature)
APPLICATION NO. FILING DATE FIRST			AMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,190	01/30/2004				119508.0102	4584
TITLE OF INVENTION: SYSTEM AND METHOD FOR CONTROLLING AN IMPULSE TOOL						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$30	00.00	\$1,810.00	03/16/2010
EXAMINER		ART UNIT		UBCLASS	]	
N. C. Chukwurah  1. Change of correspondence address or indication of		3721	21 173-001  2. For printing on the patent front page,			
Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.			(I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Abas, Inc. Chicago, IL						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
X Issue Fee A check in the am				nount of the fee(s) is enclosed.		
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						
Advance Order -# of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-2185						
5. Change in Entity Sta	atus (from status indicate	d above)				
	ms SMALL ENTITY sta		<u> </u>		r claiming SMALL ENTITY st	
	Publication Fee (if require	d) will not be accepted fro	om anyone other the		viously paid issue fee to the applint; a registered attorney or agent	ication identified above.  To the assignee or other party in
Authorized Signature /Tara L. M			ASH		DateN	1arch 4, 2010
Typed or printed name Tara L. Marcus					Registration No.	46,510